



Health Care Planning and Accountability Advisory Council

Friday, May 11, 2012

Department of Administration Conference Room "A"

Co-chairmen: Steven Costantino, Secretary, Executive Office of Health & Human Services; Christopher Koller, Commissioner, Office of the Health Insurance Commissioner

Attendees: Alyn Adrain, MD, Peter Andruskiewicz, Kenneth Belcher, Jodi Bourque, Esq., Al Charbonneau, Beth Cotter, Michael Fine, MD, Patricia Flanagan, MD, Marie Ganim, Ph.D., Jane Hayward, Dennis D. Keefe, Eve Keenan, Ed.D, RN, Dale Klaztke, Ph.D., Mark Montella (George Vecchione's designee), Edward Quinlan, Mark Reynolds, and Fox Wetle, Ph.D.

Absent: Douglas Bennett, Nicki Cicogna, Stephen Farrell, Robert Hartman, Gloria Hincapie, George Nee, Donna Policastro, RNP, Sandra Powell, and Louis Rice, MD.

Guest: First Lady Stephanie Chafee

Staff in attendance: Michael Fine, MD, Director of Health; Melinda Thomas, Senior Policy Advisor, Department of Health; Michael Dexter, Chief, Office of Health Systems Development, Department of Health; Amy LaPierre, MSW, Chief, Family Health Systems, Executive Office of Health & Human Services (Medicaid), Valentina Adamova, (Acting) Chief Program Evaluator, Department of Health, Kim Paull, Director of Analytics, Office of the Health Insurance Commissioner.

Introduction

The Council meeting was convened at approximately 2:00 pm by Co-chairmen Steven Costantino and Christopher Koller. Secretary Costantino welcomed the group and began with introductions.

The minutes of the January 27, 2012 meeting were adopted as written.

Review of 2007 Health Planning Report

Dr. Fox Wetle presented a summary of the document "Coordinated Health Planning In Rhode Island," a March 2007 report to the General Assembly from the Director of the Department of Health in consultation with the Coordinated Health Planning Advisory Committee. Dr. Wetle reviewed the Council's charter, charge and strategies. She then discussed the vision set forth by the Council and set forth in the report, a set of principles for any healthcare planning process, findings of the Council and the final recommendation of the Council to establish and fund a Coordinated Health Care Planning

and Advisory Council. The final report also puts forth suggested governance and accountability for the Council and objectives of a health planning process.

The set of principles related to the health care delivery system include the following, items in parentheses were suggested at this meeting:

1. Deliver evidence –based health care
2. Improve quality, efficiency and accessibility (*Define Accessibility*).
3. Improve affordability (*Improve transparency of cost*)
4. Partner with consumer in his/her care
5. Orient system towards person-centered care
6. Respond to needs with cultural and linguistic competence
7. Improve health status of the population.

Dr. Wetle answered questions from Council members about the process and findings of the report.

Initial Discussion of Principles and Mission of Group

Dr. Michael Fine reviewed the enabling legislation for the Council. In 2010 Coordinated Health Planning Act of 2006 was amended to reflect – in part- the 2007 report. It established the “Health Care Planning and Advisory Council,” which is advisory to and co-chaired by the Secretary of the Executive Office of Health and Human Services and the Health Insurance Commissioner. The Act sets forth the powers and duties of the Council, which are generally consistent with the findings and recommendations of the 2007 Report.

Dr. Fine observed that that the Council is advisory in nature, reflecting the statutory responsibilities of the Department of Health, Medicaid and Office of the Health Insurance Commissioner, all of which are in positions to adopt and implement the work of the Council. A general discussion ensued. It was suggested and agreed by Council members that Council formally reaffirm the vision, principles and findings of the 2007 report for the purposes of its work.

Health Planning Activities to Date

Melinda Thomas reviewed the status of the state procurements for health planning and noted that \$150,000 was authorized by the legislature for the work of the Council. In preparation for the work of the Council, staff issued a request for proposals (RFP) from consultants indicating planning work that could be done for that sum in any or all of 10 different categories of medical services. Staff reviewed responses to the RFP and made recommendations to the Secretary and the Commissioner to proceed

with planning work in two areas – primary care capacity planning and hospital services - subject to availability of funds. Subsequently, a second source of funding from the Robert Wood Johnson Foundation had been identified, permitting work to be done in both areas. At this point, staff is proceeding with negotiating and awarding contracts to two vendors to do this work.

Current Health Status of the Rhode Island Population

Dr. Fine presented staff work on state and national measures of the health of Rhode Islanders, compared over time and to other states. Any sort of health planning process should be responsive to the state health needs identified by such measurements. A variety of absolute and relative healthcare needs and strengths in Rhode Island were identified in the measures. Dr. Fine was asked to summarize the findings to identify the greatest healthcare priorities for Rhode Island. He responded that in his opinion they were: smoking, colo-rectal cancer, obesity, HIV infection, prescription drug abuse and premature births. A conversation then ensued over which of these needs were amenable to medical delivery system capacity and resources, and thus health care planning.

Public Comment

Public comment was taken. Gus Manocchia, MD, Chief Medical Officer of Blue Cross and Blue Shield of RI, addressed the Council and spoke of the need to learn from other communities and their planning process as well.

Next Meeting

Secretary Costantino announced the next meeting would be on July 19, 2012 in the Lower Level Conference Room (Tierney Forum) at the Rhode Island Department of Health.

Adjournment

With no further discussion, the meeting adjourned at 3:30 pm.

Notes prepared and respectfully submitted by:

Michael K. Dexter
Chief, Office of Health Systems Development
Rhode Island Department of Health
September 26, 2012